New	Renewal
New	Renewai



For office use only:			
Licensing Year:			
License No.:			
Date Issued:			

APPLICATION FOR TREE AND SHRUB TRIMMING and/or TREATING LICENSE

	Please put an \underline{X} beside which one y	ou are applying for:	
	Tree and shrub trimming	\$100.00	
	Tree and shrub treating	\$100.00	
	Tree and shrub trimming & tr	reating \$150.00	
Name of Business			
Mailing address			
Business Owner(s)			
Address		Phone _	
Legal Description of pro	perty		
Description of work			
Kansas Pesticide Licens	se Number	Expires	
********	**************	*******	*********
** Insurance Company			
• •			
Address:		 State:	
<u>-</u>	ach occurrence amount)\$		
Workman's Comp (each	n accident amount)\$		
	*************************	******	********
business. I agree my lic	Ill requirements of the Salina Code and requence may be revoked or suspended if I are nisrepresented any facts in this application	m found to have violated	
Date	Signature		

FOR OFFICE USE ONLY

Tree and Shrub Trimming \$100.00 Tree and Shrub Treating \$100.00 Tree and Shrub Trimming & Treating \$150.00					
Amount Paid \$	Date	Receipt No	Received by		
************	*******	******	**************		
		of Building Officia oplications only)	I		
			does/does not comply with the provisions pre-existing home occupation cert.		
Date	Building Official/Zo	oning Administrator			
	Certificate	e of City Forester			
This is to certify that the above a	pplicant is certified a	ccording to required	qualifications and competency.		
Date	City Forester				
***********************	********	********	***************		
	Certifica	ate of City Clerk			
The applicant has a current five- insurance on file in this office, as Approved/Disapproved			ificate of single limit public liability Code, expiration date.		
Date	City Clerk				
**************************	********	*******	******************		
7/25/06			TREE		